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[www.dmas.virginia.gov](http://www.dmas.virginia.gov)

# MEDICAID MEMO

**TO:** All Outpatient Psychiatric, Outpatient Rehabilitation [including Comprehensive Outpatient Rehabilitation (CORF)], Durable Medical Equipment (DME), Orthotic, Home Health, Physicians, and Non-Emergency MRI, PET, and CAT Scan, Service Providers; All Inpatient Acute, Inpatient Psychiatric, and Inpatient Rehabilitation Service Providers; All Treatment Foster Care Case Management, Residential Treatment Service Providers, Intensive In-Home Services; All Home and Community Based Care Waiver Service Providers, and Managed Care Organizations Participating in the Virginia Medical Assistance Programs

**FROM:** Patrick W. Finnerty, Director  
Department of Medical Assistance Services

**MEMO:** Special

**DATE:** 4/1/08

**SUBJECT:** Using Your National Provider Identification/Atypical Provider Identification (NPI/API) through iEXCHANGE for Requests Submitted to KePRO –*Effective 5/23/2008*

The purpose of this memorandum is to provide specific instructions on how to add your NPI/API number to iEXCHANGE for providers that submit requests for prior authorization (PA) for Fee for Service Medicaid, FAMIS and FAMIS Plus to Keystone Peer Review Organization (KePRO) effective May 23, 2008.

### **General Guidelines for Submission of Prior Authorizations (PAs)**

Effective May 23, 2008, providers will be required to use NPI/API numbers when submitting new requests for PA to KePRO. Providers do not need to take any action on an existing PA where dates begin prior to May 23, 2008, and contain Legacy Medicaid PINs, even when the NPI/API is being submitted on the claim. If a PA was obtained with a Legacy Medicaid PIN that spans over May 23, 2008, the claims must be billed using the NPI for claims received by DMAS on or after May 23, 2008. A crosswalk is in place to match claims submitted with an NPI to PAs obtained with a Legacy Medicaid PIN.

If a PA is (or had been) obtained with an NPI, the claims must be billed with the NPI, regardless of the date of service or the date the claim is received by DMAS. If the PA begin date is on or after May 23, 2008, the provider must submit the PA request and claim using the NPI.

All new PAs should be requested using the Rendering (Servicing) Providers NPI. PAs should not be requested using the Group Practice's organization NPI – **claims will deny if the PA is obtained with a Group NPI.**

DMAS and KePRO encourage all providers using iEXCHANGE to register their NPI/API number(s) in iEXCHANGE once your NPI/API number(s) has been received. **Effective May 23, 2008, it will be mandatory for providers to use NPI/API numbers when submitting new requests for PA to KePRO. If providers submit new requests using legacy numbers, the request will be rejected and the provider will need to resubmit their request using their NPI/API number.**

To minimize confusion, KePRO recommends the following when submitting new or change requests for prior authorizations beginning May 23, 2008:

1. Submit new Prior Authorization requests to KePRO using your new NPI/API number.
2. Use your legacy provider number to request extensions/changes for prior authorizations previously processed using your legacy provider number.
3. Use your NPI/API to request extensions/changes for prior authorizations submitted using your NPI/API.
4. If making a new request with a legacy number and the requested end date is May 23 or sooner, you must submit this request by May 1 in order for the PA to post to the MMIS system correctly. In the instances where the PA request is pended with a legacy ID number, and the pend is not resolved by May 23, the PA will reject in the MMIS system and a new request must be submitted using the NPI/API number.

Please note that the methods for submitting PA requests to KePRO have not changed due to the NPI/API implementation. Requests for PA will continue to be received via the iEXCHANGE Web Application, fax, phone, and mail.

All fax forms and instructions have been revised to accommodate the NPI/API implementation. If providers fax or mail requests, please note these changes on the forms and begin submitting requests using your NPI/API. The updated fax forms are located on KePROs website <http://dmas.kepro.org> and on DMAS' website at [www.dmas.virginia.gov/pr-prior\\_authorization.htm](http://www.dmas.virginia.gov/pr-prior_authorization.htm).

When phoning in requests, providers must simply provide their new NPI/API number to KePROs Customer Service Representative (CSR).

Any provider requesting PA through either fax or phone submission must also provide their 9 digit zip code. By providing the 9 digit zip code, this allows the CSR to select the correct provider if there are multiple locations assigned to the provider's single NPI/API number.

#### **Adding Your NPI/API Number through iEXCHANGE**

A new NPI submitting provider must be created to submit PA requests via iEXCHANGE when using a NPI or API. The steps to create the new NPI/API number in iEXCHANGE has changed. Providers

are required to search for their NPI/API number before creating a submitting provider. Multiple locations sharing the same NPI number need to be uniquely identified in iEXCHANGE by the use of an additional supplemental identification. This supplemental identification is a 6-digit number created by KePRO to ensure the cases created by the provider relate directly back to the correct address and type of the NPI number being used to submit cases. Without this supplemental identification, providers will be unable to search and display the status of a case created by their NPI/API number. Performing the search prior to creating the new NPI/API submitting provider will allow providers to record this corresponding supplemental identification. The provider will then be required to add this supplemental identification when creating the new NPI/API submitting provider record. **Please note, KePRO created temporary 3-digit supplemental identification numbers for some providers – these will need to be changed to the 6-digit supplemental identification numbers. KePRO will contact each provider with the temporary 3 digit number and help change these to permanent 6-digit identification numbers, starting on April 1, 2008.**

Using your existing iEXCHANGE provider login credentials, perform the following:

1. Log into iEXCHANGE using your existing iEXCHANGE provider login information
2. Go to the iExchange Search Page (far right). Click on “Provider Search”
3. Under A “Standard Search” select the following:
  - Search by: External ID
  - Search Text: your new NPIAPI number
  - Click “Submit Search”
  - The “Provider Results Search” will display.
  - Use the following fields to determine and record your “Supplemental ID”
    - i. NPI&Address&Type
  - Cancel the search
4. Go to the iEXCHANGE *Administration Page*.
5. To open the iEXCHANGE *Administrator Page*, Select “Preferences” on the iEXCHANGE *Starting Point Page*.
6. Open the iEXCHANGE *Preferences Page* and choose the “iEXCHANGE Administrator” link.
7. Select “Submitting Providers” link.
8. Select “Add new provider”.
  - **Step One**  
Complete step one by entering the provider identification information for the provider being added. The following fields are available for entry.
    - **Submitting Provider is an Organization:** If the provider being added is an organization, enter the organization's name only. Skip the remaining fields in step one.
    - **Submitting Provider is a Person:** If the provider being added is a person, do not enter any information in the Organization name field.
    - **Complete the following fields:**
      - Fields marked with an \* are required.*
      - First name:** Enter the provider's first name.
      - Middle initial** (optional): Enter the provider's middle name.
      - Last name:** Enter the provider's last name.

**Suffix** (optional): Choose the appropriate suffix from the drop-down list (i.e., MD, PhD, Sr.).

**Address 1:** Enter the provider's address.

**Address 2** (optional): Enter any further address information.

**City:** Enter the city in which the provider resides.

**State:** Select the state in which the provider resides from the drop-down box.

**Zip Code** (optional): Enter the provider's zip code.

**Phone:** Enter the provider's telephone number.

**Extension:** Enter the provider's telephone extension number, if applicable.

**Tax ID** (optional): Enter the provider's Tax ID number.

After completing the provider identification information, click the **Next step** button at the bottom of the page. The *Setup submitting provider - Step 2 page* will display.

- **Step Two**

Complete step two by entering the following information:

- **Payer:** Select the payer this provider is to be associated with from the Payer drop-down box.
- **Supplemental Provider ID:** Enter the "Supplemental ID" you recorded when searching for your provider NPI/API number in step 3.
- **Mark as Default:** Choose the "Mark as default" option if you wish to have the Submitting Provider being entered "pre-selected" when the Certification Inpatient Authorization, Certification Other Authorization, and Referral Authorization pages are displayed. *Note: There can only be one Default Submitting Provider per Payer.* When the entry of information is completed, click the **Add to list** button. The provider list at the bottom of the page will be updated with the new provider information. Click **Save** to save the provider information entered. You will be returned to the *Setup submitting provider page*.
- If you are finished working with the Submitting Providers functionality, click the **Cancel** button to return to the *iEXCHANGE Administrator Page*.

*Additional Note:* If you submit requests using multiple NPI/API numbers, or you wish to enter cases for the same NPI/API but for a different address/type, an additional submitting provider for these numbers will need to be created. You must perform the above procedure for any NPI/API number you wish to submit cases for. Please ensure you correctly record and enter the supplemental identification for each submitting provider you create. If this is not done, you will be unable to search and find the cases you submit when using the Search page functionality in iEXCHANGE.

### **Submitting a Request for PA after Successful Change to NPI/API**

The process for submitting requests for prior authorizations is very similar with only a couple of key differences as detailed below.

#### **Inpatient / Outpatient Requests**

- **Step One – Select the correct NPI/API submitting Provider**

When entering a New Inpatient or Outpatient request the NPI/API identifier will be displayed if it was selected as the default Submitting Provider during setup. If it is not displayed then use the drop down arrow to select the correct NPI/API number for your facility.

○ ***Step Two – Select the correct Facility, Attending Physician and Servicing Provider***

1. It is required to perform a “Facility Search” to ensure the correct combination of NPI/API number and location (address) is selected. This requirement is necessary because a single NPI/API number can be associated with multiple locations (addresses).
2. After clicking on the “Facility Search” button the standard search page will be presented. Enter your NPI/API number and click on “Submit Search”.
3. The provider should now select the correct Facility to be added to the request. A provider can tell which facility to use by reviewing the “Address” details / 9 digit zip codes type and supplemental ID information displayed.
4. Once the correct Facility has been selected you will return to the Inpatient or Outpatient Request window with the NPI number already populated.

*Additional Note:* After entering the remaining information for the case and clicking on the “Next Step” button, the Preview page may show a warning message of “Multiple records exist for Provider ID: xxxxxxxxxxxx”. This warning message can be ignored and the request can be reviewed and submitted for authorization.

**Resource Information**

- A WebEx with these instructions is located on KePRO’s website <http://dmas.kepro.org> or on DMAS’ website at [www.dmas.virginia.gov/pr-prior\\_authorization.htm](http://www.dmas.virginia.gov/pr-prior_authorization.htm).
- Should you have any questions regarding the prior authorization process, please send your inquiries via e-mail to [providerissues@kepro.org](mailto:providerissues@kepro.org) or [PAUR06@dmas.virginia.gov](mailto:PAUR06@dmas.virginia.gov). Remember do not send PHI by e-mail unless it is sent via a secure encrypted e-mail submission.
- All other Medicaid provider issues not related to prior authorization should be addressed through the Provider Helpline. The numbers are 1-800-552-8627 if you are located out-of-state or 804-786-6273 if you are located in Richmond.

<b><u>KePRO Contact Information</u></b> You may contact KePRO through the following methods:  <b>iEXCHANGE:</b> <a href="http://dmas.kepro.org/">http://dmas.kepro.org/</a> <b>Toll Free Phone:</b> 1-888-VAPAUTH (1-888-827-2884) <b>Local Phone:</b> (804) 622-8900 <b>Fax:</b> 1-877-OKBYFAX (1-877-652-9329) <b>Mail:</b> 2810 N. Parham Road, Suite 305, Richmond, VA 23294 <b>Provider Issues:</b> ProviderIssues@kepro.org	<b><u>DMAS and KePRO Website Resources</u></b> <i>The following resources are available on the DMAS and KePRO websites:</i>  <ol style="list-style-type: none"><li>1. iEXCHANGE Registration information</li><li>2. ICD9 diagnosis codes, outpatient rehab and home health revenue codes, and radiological scan procedure codes</li><li>3. Recent PA provider training presentations</li><li>4. Prior Medicaid Memos</li><li>5. PA Fax Request Forms and Instructions</li><li>6. PA Reference Guides</li><li>7. KePRO “Insider” Provider newsletter</li></ol>
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### **Alternate Methods to Obtain PA, Eligibility and Claims Status Information**

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access prior authorization information including status via iEXCHANGE at <http://dmas.kepro.org/>.

### **Copies of Manuals**

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at [www.dmas.virginia.gov](http://www.dmas.virginia.gov). Refer to the “DMAS Content Menu” column on the left-hand side of the DMAS web page for the “Provider Services” link, which takes you to the “Manuals, Memos and Communications” link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

### **Provider E-Newsletter Sign-Up**

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at: [www.dmas.virginia.gov/pr-provider\\_newletter.asp](http://www.dmas.virginia.gov/pr-provider_newletter.asp).

Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.

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